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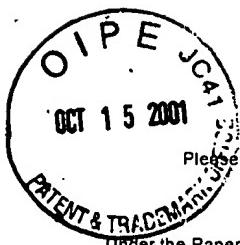
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*FF 3*

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

*932-CAL*

First Named Inventor

*Repper*

**COMPLETE IF KNOWN**

Application Number

Filing Date

*6/18/01*

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*ELECTRONIC GAS COOKTOP CONTROL with SIMMER  
SYSTEM and Method Thereof*

(Title of the Invention)

the specification of which

is attached hereto

*DS and*

was filed on (MM/DD/YYYY)

*10/16/2000*

as United States Application Number or PCT International

(if applicable).

Application Number

*PCT/US00/28624* and was amended on (MM/DD/YYYY) *03/22/2001*

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<i>PCT/US00/28624</i>		<i>10/16/2000</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<i>60/159,885</i>	<i>10/18/1999</i>	

[Page 1 of 2]

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**DECLARATION**
**ADDITIONAL INVENTOR(S)**  
 Supplemental Sheet  
 Page \_\_\_ of \_\_\_

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>Christa B.</i>		Family Name or Surname <i>Shute</i>	
Inventor's Signature <i>Christa B.</i>	Date <i>10/11/01</i>		
Residence: City <i>Stowe</i>	State <i>VT</i>	Country <i>USA</i>	Citizenship <i>US</i>
Mailing Address <i>56 Lucy Hill Rd</i>			
Mailing Address			
City <i>Stowe</i>	State <i>VT</i>	ZIP <i>05672</i>	Country <i>US</i>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>Suzanne J.</i>		Family Name or Surname <i>Shute</i>	
Inventor's Signature <i>Suzanne J. Shute</i>	Date <i>10/11/01</i>		
Residence: City <i>Stowe</i>	State <i>VT</i>	Country <i>USA</i>	Citizenship <i>US</i>
Mailing Address <i>1126 Moulton Lane</i>			
Mailing Address			
City <i>Stowe</i>	State <i>VT</i>	ZIP <i>05672</i>	Country <i>USA</i>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>Allen L.</i>		Family Name or Surname <i>Olson</i>	
Inventor's Signature <i>Allen L. Olson</i>	Date <i>10/11/01</i>		
Residence: City <i>Craftsbury</i>	State <i>VT</i>	Country <i>USA</i>	Citizenship <i>US</i>
Mailing Address <i>P.O. box 108 Wolcott VT 05680</i>			
Mailing Address			
City <i>Wolcott</i>	State <i>VT</i>	ZIP <i>05680</i>	Country <i>USA</i>

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OCT 15 2001

PTO/SB/01 (10-08)  
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Letter **26542** OR  Correspondence address below

Name **JAMES M. LERIE**

Address **37 Foster Drive**

Address

City <b>S. Burlington</b>	State <b>VT</b>	ZIP <b>05403</b>
---------------------------	-----------------	------------------

Country <b>USA</b>	Telephone <b>802 864-1575</b>	Fax <b>802 864 9319</b>
--------------------	-------------------------------	-------------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that false statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

NAME OF SOLE OR FIRST INVENTOR:

Given Name **PIERRE P.**  
(First and Middle (if any))

Family Name  
or Surname **REPPER**

Inventor's  
Signature

**10-10-01**

Residence: City

**CHATEAUGUAY QC CANADA**

Date **10-10-01**  
Dob

Mailing Address

**90 VINCENT ST.**

**CANADIAN**  
Citizenship

Mailing Address

City <b>CHATEAUGUAY</b>	State <b>QUEBEC</b>	Zip <b>J6J-2E6</b>	Country <b>CANADA</b>
-------------------------	---------------------	--------------------	-----------------------

A petition has been filed for this unsigned inventor

NAME OF SECOND INVENTOR:

Given Name **Alan**  
(First and Middle (if any))

Family Name  
or Surname **Shute**

Inventor's  
Signature

**10-10-01**

Residence: City

**St Albans**

State **VT**

Zip **05473**

Country **USA**  
Citizenship

Mailing Address

**120 Main St. St Albans VT**

Mailing Address

City <b>St. Albans</b>	State <b>VT</b>	Zip <b>180 15673</b>	Country <b>CANADA</b>
------------------------	-----------------	----------------------	-----------------------

A petition has been filed for this unsigned inventor

Date **10-10-01**

Comments: **None**

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PTO/98/02A (11-00)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page \_\_\_ of \_\_\_

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any):	Family Name or Surname		
FENG	Zhou		
Inventor's Signature	Date oct. 11, 2001		
Residence: City	State	Country	Citizenship
Gloucester	ON	Canada	Canadian
Mailing Address	6008 Pineglade Crescent		
Mailing Address			
City	State	ZIP K/W 1G8	Country Canada
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any):	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any):	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

FIGURE 11-1. Declaration. This form is estimated to take 10 minutes to complete. This will vary depending upon the needs of individual users. Any comments or suggestions for simplifying the form should be sent to the Office of Management Control, U.S. Patent and Trademark Office, Washington, DC 20231. D.C. 20231. D.C. 20231. SEE FEES OR COMPLETED FORMS AT "FEE ADDRESS" SHOWN IN APPENDIX. THIS FORM IS DUE TO GO INTO EFFECT ON OCTOBER 1, 2002.



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PTO/SB/61 (11-98)  
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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT,  
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APPLICATION**

Application Number	09/884 828
Filing Date	6/19/2001
First Named Inventor	LEAPER
Group Art Unit	
Examiner Name	
Attorney Docket Number	TEZ-CAL

I hereby appoint:

Practitioners at Customer Number

26542

Place Customer  
Number Bar Code  
Label here

Practitioner(s) named below:

Name	Registration Number
JAMES M. LEAS	34373

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas		
Address	37 Butler Drive		
Address			
City	S. Burlington	State	VT
Country	USA		
Telephone	802 864-1575	Fax	802 864-9319

I am the:

Applicant

Assignee of record of the entire interest  
Certificate under 37 CFR 3.7(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Peter Riger	
Signature		
Date	October 19, 2001	

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PRO/SB/01 (11-96)

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NOT ACCOMPANYING  
APPLICATION**

Application Number	09/884,828
Filing Date	6/16/2001
First Named Inventor	Rapper
Group Art Unit	
Examiner Name	
Attorney Docket Number	932-CAL

I hereby appoint:

Practitioners at Customer Number

28

Practitioner(s) named below:

Name	Registration Number
James M. Less	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

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<input type="checkbox"/> Firm or Individual Name	James Marc Leas		
Address	37 Butler Drive		
Address			
City	S. Burlington	State	VT ZIP 05403
Country	USA		
Telephone	802 864-1575	Fax	802 864-9319

Janus the

Applicant.

Assignee of record of the entire interest  
*(Certificated under 37 CFR 3.73(d)) is enclosed.*

**SIGNATURE of Applicant or Assignee of Record**

Native

三

Date

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PTO/SB/81 (11-96)

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APPLICATION**

Application Number	09/884 828
Filing Date	6/16/2001
First Named Inventor	Repper
Group Art Unit	
Examiner Name	
Attorney Docket Number	932-CAL

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Name	Registration Number
James M. Leas	34372

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<input type="checkbox"/> Firm or Individual Name	James Marc Leas				
Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	ZIP	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

Applicant.

Assignee of record of the entire interest  
*Certificate under 37 CFR 3.73(b) is enclosed*

**SIGNATURE of Applicant or Assignee of Record**

Name	Alan B. Shute
Signature	<i>AB Shute</i>
Date	10/10/01

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Application Number	09/884 828
Filing Date	6/16/2001
First Named Inventor	Repper
Group Art Unit	
Examiner Name	
Attorney Docket Number	932-CAL

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Address			
City	S. Burlington	State	VT
Country	USA		
Telephone	802 864-1575	Fax	802 864-9319

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Assignee of record of the entire interest  
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**SIGNATURE of Applicant or Assignee of Record**

Name	Christina B. Shute
Signature	<i>Christina B. Shute</i>
Date	10/10/01

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION

Application Number	09/884 828
Filing Date	6/18/2001
First Named Inventor	Repper
Group Art Unit	
Examiner Name	
Attorney Docket Number	932-CAL

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Name	Registration Number
James M. Leas	34372

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Address	37 Butler Drive		
Address			
City	S. Burlington	State	VT
Country	USA		
Telephone	802 864-1575	Fax	802 864-9319

I am the:

Applicant.

Assignee of record of the entire interest  
*Certificate under 37 CFR 3.73(b) is enclosed*

**SIGNATURE of Applicant or Assignee of Record**

Name	Suzanne J. Shatto.		
Signature			
Date	10/18/01		

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Application Number	09/884 828
Filing Date	6/16/2001
First Named Inventor	Repper
Group Art Unit	
Examiner Name	
Attorney Docket Number	932-CAL

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Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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The above-mentioned Customer Number.

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<input type="checkbox"/> Firm or Individual Name	James Marc Leas		
Address	37 Butler Drive		
Address			
City	S. Burlington	State	VT
Country	USA	ZIP	05403
Telephone	802 864-1575	Fax	802 864-9319

I am the:

Applicant.

Assignee of record of the entire interest  
*Certificate under 37 CFR 3.73(b) is enclosed*

**SIGNATURE of Applicant or Assignee of Record**

Name	Allen L. Olson
Signature	<i>Allen L. Olson</i>
Date	10-10-01

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